# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED
MAR 2 7 2009 **THOMSON REUTERS** 

FORM D

1411778

OMR APPROVAL OMB Number: 3235-0076 Expires: March 31, 2009 Estimated average burden hours per response.....16.00

| SEC    | USE ON  | ILY    |
|--------|---------|--------|
| Prefix |         | Serial |
|        |         |        |
| DAT    | E RECEI | VED    |
|        |         |        |

| NOTICE OF SALE OF SECURITIES      |
|-----------------------------------|
| PURSUANT TO REGULATION D,         |
| SECTION 4(6), AND/OR              |
| NIFORM LIMITED OFFERING EXEMPTION |

|  | UNIFORM ENVIE                          | ED OFFERING EZ         | Con Hon            |                        |  |
|--|--|------------------------|--------------------|------------------------|--|
|  | his is an amendment and name has       | changed, and indicate  | change.)           |                        | SEC Mail Processing  |
| Limited Partnership Interests                              |  | 5 N n + 504 17 0       | - 40 DUIO          |                        | - Section -  |
|  | t apply): 🗌 Rule 504 🗍 Rule 50:        | 5 🗵 Rule 506 🔲 Se      | ction 4(6) LJ ULO  | E                      |  |
| Type of Filing: New Filing                                 |  |                        | <del>-</del>       |                        | ETAM 1 J DIDING  |
|  | A.                                     | BASIC IDENTIFICA       | ATION DATA         |                        | FIAR 1 1 9HUY  |
| <ol> <li>Enter the information request</li> </ol>          | ed about the issuer                    |                        |                    |                        |  |
| Name of Issuer (☐ check if this<br>Behrman Capital IV L.P. | is an amendment and name has cha       | anged, and indicate ch | ange.)             |                        | Washington, DC   |
| Address of Executive Offices                               | (Number and Street, City, State, 2     | Zip Code)              | Telepho            | ne Number (including   | Area Code)   |
| 126 East 56th Street, 27th Floo                            |  |                        | (212) 98           |                        |  |
| New York, NY 19022   | •                                      |                        | ' '                |                        |  |
|  |  |                        | 1                  |                        |  |
| Address of Principal Business C                            | perations (Number and Street, City     | State, Zip Code)       | Telepho            | ne Number (includi     | (11)   |
| if different from Executive Off                            |  |                        | •                  |                        | THE RESERVE AND THE PARTY OF TH |
| Brief Description of Business                              |  |                        |                    |                        |  |
| Private investment fund.                                   |  |                        |                    |                        |  |
| Type of Business Organization                              | · ·                                    |                        |                    |                        | Millian Millian Comment  |
| corporation  | ⊠limited partnership, already for      | med                    |                    |                        | 09035969   |
|  | <del>-</del>                           |                        | other (please sp   | ecify):                | 0500   |
| business trust   | □limited partnership, to be forme      | ed                     |                    |                        |  |
| Actual or Estimated Date of Inc                            |  | Month Year 0 5 0 7     |                    | ☐ Estimated            | <u> </u>   |
| lurisdiction of Incomparation or                           | Organization: (Enter two-letter U.S    | Postal Service abbre   | viation for State: |                        |  |
| ransalction of incorporation of                            |  |                        |                    | DE                     |  |
|  | CN for Car                             | ada; FN for other fore | ign jurisdiction)  |                        |  |
| GENERAL INSTRUCTIONS                                       |  |                        |                    |                        |  |
| Federal:<br>Who Must File; All issuers mak                 | ing an offering of securities in relia | nce on an exemption o  | under Regulation D | or Section 4(6), 17 CF | R 230.501 et seq. or 15 U.S.C.   |

77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (5/91)

| •   |                  | A. BASIC II                           | DENTIFICATION DAT   | `A            | . <u>.                                   </u> |  |  |  |
|---|------------------|---------------------------------------|---------------------|---------------|---|--|--|--|
| <ul> <li>2. Enter the information requested for the following:</li> <li>X Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>X Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;</li> <li>X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>X Each general and managing partner of partnership issuers.</li> </ul> |                  |                                       |                     |               |   |  |  |  |
| Check Box(es) that Apply:   | Promoter         | ☐ Beneficial Owner                    | ☐ Executive Officer | ☐ Director    | General Partner                               |  |  |  |
| Full Name (Last name first,<br>Behrman Brothers IV L.L.C.   |                  |                                       |                     |               |   |  |  |  |
| Business or Residence Add<br>126 East 56th Street, 27th Flo   |                  |                                       | Code)               |               |   |  |  |  |
| Check Box(es) that Apply:   | Promoter         | Beneficial Owner                      | ☐ Executive Officer | Director      | Managing Member of the General Partner        |  |  |  |
| Full Name (Last name first, Behrman, Grant G.   |                  |                                       |                     |               |   |  |  |  |
| Business or Residence Add<br>c/o Behrman Brothers IV L.I  |                  |                                       |                     | <del>-,</del> |   |  |  |  |
| Check Box(es) that Apply:   | Promoter         | ☐ Beneficial Owner                    | ☐ Executive Officer | Director      | Managing Member of the General Partner        |  |  |  |
| Full Name (Last name first Matthes, William M.  | if individual)   |                                       |                     |               |   |  |  |  |
| Business or Residence Add<br>c/o Behrman Brothers IV L.1  |                  |                                       |                     |               |   |  |  |  |
| Check Box(es) that Apply:   | Promoter         | ☐ Beneficial Owner                    | ☐ Executive Officer | ☐ Director    | ☐ General and/or Managing Partner             |  |  |  |
| Full Name (Last name first  | , if individual) |                                       |                     |               |   |  |  |  |
| Business or Residence Add   | ress (Number a   | nd Street, City, State, Zip           | Code)               | <del>_</del>  |   |  |  |  |
| Check Box(es) that Apply:   | Promoter         | ☐ Beneficial Owner                    | Executive Officer   | Director      | General and/or Managing Partner               |  |  |  |
| Full Name (Last name first  | , if individual) |                                       |                     |               |   |  |  |  |
| Business or Residence Add   | ress (Number a   | nd Street, City, State, Zip           | Code)               |               |   |  |  |  |
| Check Box(es) that Apply:   | Promoter         | ☐ Beneficial Owner                    | Executive Officer   | Director      | General and/or Managing Partner               |  |  |  |
| Full Name (Last name first  | , if individual) |                                       |                     |               | _   |  |  |  |
| Business or Residence Add   | ress (Number a   | nd Street, City, State, Zip           | Code)               |               |   |  |  |  |
| Check Box(es) that Apply:   |                  | ☐ Beneficial Owner                    | ☐ Executive Officer | ☐ Director    | General and/or Managing Partner               |  |  |  |
| Full Name (Last name first  | , if individual) | · · · · · · · · · · · · · · · · · · · |                     |               |   |  |  |  |

Business or Residence Address (Number and Street, City, State, Zip Code)

|                         |   |                              |                              |                              |   | B. INFO                      | RMATIO                       | N ABOU                           | r offer                       | ING                          |                              |                              |                              |     |         |
|-------------------------|---|------------------------------|------------------------------|------------------------------|---|------------------------------|------------------------------|----------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----|---------|
| 1. Н                    | as the  | issuer sol                   | d, or does th                | he issuer in                 | end to sell,  | to non-acc                   | redited inve                 | stors in this                    | offering?.                    |                              |                              |                              | •••••                        | Yes | No<br>⊠ |
|                         |   |                              |                              |                              | A   | inswer also                  | in Append                    | ix, Column                       | 2, if filing                  | under ULO                    | E.                           |                              |                              |     |         |
| 2. W                    | Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the General Partner |                              |                              |                              |   |                              | \$ 10,00                     | 0,000*                           |                               |                              |                              |                              |                              |     |         |
|                         |   |                              |                              |                              |   |                              |                              |                                  |                               |                              |                              |                              |                              |     |         |
| 3. D                    | Does the offering pennit joint ownership of a single unit?  |                              |                              |                              |   |                              |                              | •••••                            | Yes<br>⊠                      | N₀                           |                              |                              |                              |     |         |
| re<br>pe<br>fir         | muner<br>erson o  | ation for :                  | solicitation<br>fabroker o   | of purchase<br>r dealer reg  | person who<br>ers in conne<br>istered with<br>d persons o | ction with s<br>the SEC as   | sales of second/or with a    | urities in the<br>a state or sta | e offering.<br>ites, list the | If a person name of the      | to be listed<br>e broker or  | is an associ<br>dealer. If n | iated<br>nore than           |     |         |
|                         |   |                              | rst, if indivi               |                              |   |                              |                              |                                  | _                             |                              |                              |                              |                              |     |         |
|                         |   |                              | Fenner & S<br>ddress (Nu     |                              | rporated<br>treet, City, S                                | State, Zip C                 | Code)                        |                                  |                               | · ·                          |                              |                              |                              |     |         |
| 1 World                 | Finan   | cial Cen                     | er, New Yo                   | ork, NY 10                   |   |                              |                              |                                  |                               | <u> </u>                     |                              |                              | <u> </u>                     |     |         |
| Name of                 | Assoc   | iated Bro                    | ker or Deale                 | er                           |   |                              |                              |                                  |                               |                              |                              |                              |                              |     |         |
| States in               | Which   | Person I                     | isted Has S                  | Solicited or                 | Intends to S  | Solicit Purc                 | hasers                       |                                  |                               |                              |                              |                              | <del></del> -                |     |         |
| (Cl                     | heck "A   | All States'                  | ' or check i                 | ndividual S                  | tates)  |                              |                              |                                  |                               |                              |                              | All States                   |                              |     |         |
| (AI<br>(IL<br>(M<br>(RI | .]<br>T]  | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]                              | [CO]<br>[LA]<br>[NM]<br>[UT] | (CT)<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA]     | [DC]<br>[MA]<br>[ND]<br>[WA]  | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |     |         |
|                         |   | t name fi                    | rst, if indivi               | dual)                        |   |                              |                              |                                  |                               |                              |                              |                              |                              |     |         |
| Business                | or Re   | sidence A                    | ddress (Nu                   | mber and S                   | treet, City,  | State, Zip C                 | Code)                        | •••                              |                               |                              |                              | ******                       | <u> </u>                     |     |         |
| Name of                 | Assoc   | iated Bro                    | ker or Deal                  | er                           |   |                              |                              |                                  |                               |                              | <del></del> -                | . <u></u>                    |                              |     |         |
| States in               | Which   | Person i                     | isted Has S                  | Solicit <b>e</b> d or        | Intends to S  | Solicit Purc                 | hasers                       |                                  |                               | · · · - ·                    |                              |                              |                              | -   |         |
| Check "                 | 'All Sta  | ates" or cl                  | reck individ                 | Iual States)                 | +++++++++++++   |                              |                              |                                  | ***************               |                              |                              | All States                   | i                            |     |         |
| (AI<br>(IL<br>(M'       | ]<br>T]   | [AK]<br>[IN]<br>[NE]<br>[SC] | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]<br>[TN] | [CA]<br>[KY]<br>[NJ]<br>[TX]                              | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | (DE)<br>(MD)<br>(NC)<br>(VA)     | [DC]<br>[MA]<br>[ND]<br>[WA]  | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | (HI)<br>(MS)<br>(OR)<br>[WY] | [ID]<br>[MO]<br>[PA]<br>[PR] |     |         |
|                         |   |                              | rst, if indivi               |                              |   |                              |                              |                                  | . <del>-</del> .              |                              |                              |                              |                              |     |         |
| Business                | or Res  | sidence A                    | ddress (Nu                   | mber and S                   | treet, City,  | State, Zip (                 | ode)                         |                                  |                               |                              |                              | -                            |                              | _   |         |
| Vaine of                | Assoc   | iated Bro                    | ker or Deal                  | er                           |   |                              | · ·                          |                                  |                               |                              | <u>.</u>                     |                              |                              |     |         |
| States in               | Which   | Person I                     | isted Has S                  | solicited or                 | Intends to  | Solicit Purc                 | hasers                       |                                  |                               |                              |                              |                              |                              |     |         |
| Check "                 | 'All Sta  | ites" or cl                  | neck individ                 | iual States)                 |   |                              | •••••                        |                                  |                               |                              |                              | All States                   | ;                            |     |         |
| {AI<br>{IL<br>[M        | .]  | [AK]<br>[IN]<br>[NE]         | [AZ]<br>[IA]<br>[NV]         | [AR]<br>[KS]<br>[NH]         | [CA]<br>[KY]<br>[NJ]                                      | [CO]<br>[LA]<br>[NM]         | [CT]<br>[ME]<br>[NY]         | [DE]<br>[MD]<br>[NC]             | [DC]<br>[MA]<br>[ND]          | (FL)<br>(MI)<br>(OH)         | [GA]<br>[MN]<br>[OK]         | [HI]<br>[MS]<br>[OR]         | [ID]<br>[MO]<br>[PA]         |     |         |

[TX] [UT] [VT] [VA] [WA] [WV] [WI]
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS                    |                                       |
|----|---|-----------------------------|---------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |                                       |
|    | Type of Security  | Aggregate Offering<br>Price | Amount Already<br>Sold                |
|    | Debt  | S                           | <b>s</b>                              |
|    | Equity  | <u>s</u>                    | S                                     |
|    | ☐ Common ☐ Preferred  |                             | · · · · · · · · · · · · · · · · · · · |
|    | Convertible Securities (including warrants)   | \$                          | s                                     |
|    | Partnership Interests   |                             | \$ 213,500,000                        |
|    | Other (Specify)   | \$                          | s                                     |
|    | Total   |                             | \$ 213,500,000                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |                                       |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |                                       |
|    |   | Number Investors            | Aggregate Dollar Amount of Purchases  |
|    | Accredited Investors  | 13                          | \$ 213,500,000                        |
|    | Non-accredited Investors  |                             | \$                                    |
|    | Total (for filings under Rule 504 only)   |                             | S                                     |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             |                                       |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                             | 2.11                                  |
|    | Type of offering  | Type of<br>Security         | Dollar Amount<br>Sold                 |
|    | Rule 505  | <b>,</b>                    | s                                     |
|    | Regulation A  |                             | S                                     |
|    | Rule 504  |                             | S                                     |
|    | Total   |                             | 5                                     |
|    | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                       |
|    | Transfer Agent's Fees   |                             | s                                     |
|    | Printing and Engraving Costs  |                             | S                                     |
|    | Legal Fees  |                             | \$ 800,000                            |
|    | Accounting Fees   |                             | \$                                    |
|    | Engineering Fees  |                             | S                                     |
|    | Sales Commissions (specify finders' fees separately)  | Ø                           | \$ 200,000                            |
|    | Other Expenses (identify)   |                             | 5                                     |
|    | Total   | ⊠                           | \$ 1,000,000                          |
|    | •   | <del></del>                 |                                       |

|    | C. OFFERING PRICE, J   | NUMBER OF INVESTORS, EXPENSES AND USE O  | F PROCEEDS   |  |
|----|--|--|--|--|
| 4. | b. Enter the difference between the aggregate offering expenses furnished in response to Part C - Question 4.8 issuer."  | price given in response to Part C - Question 1 and total a. This difference is the "adjusted gross proceeds to the   |  | \$ 999,000,000                                       |
| 5. | Indicate below the amount of the adjusted gross proceed the purposes shown. If the amount for any purpose is a left of the estimate. The total of the payments listed m forth in response to Part C - Question 4.b. above. | eds to the issuer used or proposed to be used for each of<br>not known, furnish an estimate and check the box to the<br>nust equal the adjusted gross proceeds to the issuer set |  |  |
|    |  |  | Payments to<br>Officers, Directors,<br>& Affiliates      | Payments To<br>Others                                |
|    | Salaries and fees  |  | □ s  | □ <b>s</b>   |
|    | Purchase of real estate  |  | <u> </u>   | □ s  |
|    | Purchase, rental or leasing and installation of machine  | ry and equipment   | <b>S</b>   | □ \$   |
|    |  | S,   |  | □s   |
|    | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or  | f securities involved in this  | □ <b>\$</b>  | □s   |
|    | Repayment of indebtedness  |  | <b>_</b>   | <b>□</b> \$  |
|    |  |  |  | <b>\$</b>  |
|    | Other (specify): Investments in securities and activit   | ties necessary, convenient, or incidental thereto.   | □ <b>s</b>   | <b>⋈ \$</b> 999,000,000                              |
|    | Column Totals  |  | □ <b>s</b>   | <b>⊠ \$</b> 999,000,000                              |
|    | Total Payments Listed (column totals added)  |  | ⊠ \$ 999,0   | 000,000  |
|    |  | D. FEDERAL SIGNATURE   | <u> </u>   |  |
| u  | issuer has duly caused this notice to be signed by the unindertaking by the issuer to furnish to the U.S. Securities accredited investor pursuant to paragraph (b)(2) of Rule  | dersigned duly authorized person. If this notice is filed ur<br>and Exchange Commission, upon written request of its str   | nder Rule 505, the following aff, the information furnis | ng signature constitutes<br>hed by the issuer to any |
|    |  | gnature Date   |  |  |
| _  | hrman Capital IV L.P.  | <u> </u>   | rch 9,2009   |  |
|    |  | tle of Signed (Print or Type)   anaging Member of the General Partner of the Issuer  |  |  |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

**END** 

